

## THE PUBLIC HEALTH SERVICE AND THE MEDICAL PROFESSION,

BY

PROFESSOR BOSTOCK HILL, M.Sc., M.D.

IN the early days of medicine it is obvious that efforts were chiefly directed towards cure or palliation, and it was not for many centuries after the birth of Medical Science that prevention, at least in an official or quasi-official form, came into being. This being so, it must be apparent that questions would arise in connection with the relations of the two branches of the service, and as the whole organization and work of the profession had been based on its curative or palliative aspects, the uprising of a strong preventive branch was certain in the very nature of human affairs to lead to misunderstanding and unexpected difficulties.

In its official form, the Medical Preventive Service is not yet fifty years old, and for the greater part of this period comparatively little was done in the way of development that would tend to bring it into opposition with the old-established curative practitioner, but as its potentialities increased it became evident that the public would demand that greater efforts should be made and greater powers given to it, in order that life might be conserved and suffering diminished. In other words, it became that part of the Medical Service in which the public *en masse*, through their official representatives, would desire to take a part, and this being so, opportunities would arise which would tend to bring the two branches of Medical Science into conflict. This has indeed been the case, and it is somewhat wonderful that the opposition which was certain to be engendered has not been more marked than it actually is and has not given greater difficulties to the officers of the Preventive Service.

Of late years there has been an extraordinary development in Public Health work. Not only have Public Health Departments through preventive officers undertaken the cure of patients suffering from many infectious diseases, but the last few years has seen yet further progress, in that crusades have definitely been undertaken against tuberculosis, venereal diseases, and infant mortality, as well as measures for benefitting the health of mothers and school children. It is obvious, therefore, that with the best intentions in the

world, opportunities must arise for friction between the administrative preventive officer and the general practitioner, who cannot help seeing that much of the work which he had a right to consider his own in the past was now being taken from him. It was feared by the general body of the Profession that further inroads were to be made in the shape of domiciliary visits, and this raised opposition, which was expressed on many hands.

Many of the difficulties which have arisen have been due to want of understanding of the different points of view of the two classes of practitioners, and probably nothing more likely to benefit both branches of the profession of Medicine in particular has been done than the action of the British Medical Association in asking representative preventive bodies like the Society of Medical Officers of Health and the Association of County Medical Officers of Health, to appoint representatives on those Committees of the Association which deal with work common to both.

I consider myself fortunate in having been appointed as the representative of the Society on the Insurance Committee of the British Medical Association, and also to be the member representing the Public Health Service on Sir Edward Cornwall's Advisory Committee. While it is true that the majority of the subjects coming under the consideration of these Committees have little to do with Public Health work, there are times when matters affecting both branches of the Services are brought forward, and I hope that on these occasions I have been in some small degree able to be of service; but irrespective of this, as a fairly regular attendant, I have been enabled to get an insight into insurance work from the point of view of the general practitioner, and have thus been enabled to see many of the difficulties which of necessity are associated with a new departure of this kind. I believe, too, that on the Medical Officer of Health Sub-Committee of the British Medical Association, I with my colleagues have done service in pointing out reasons why the action of the Preventive Officers appears on the face of it hostile to the general practitioner, and I have good reason to believe that advantage has accrued to both sides from the association.

During the past year I was asked by Dr. Macdonald to act on the Ministry of Health Committee of the Association, and in that way I have had a unique opportunity, not only in taking part in the discussion of the scheme of

the British Medical Association on the Ministry of Health, but of addressing two Presidents of the Local Government Board, from the point of view both of the Medical Officer of Health and also of the British Medical Association.

After forty years of official life, no one knows better than I do how little a single individual is able to affect policy in any department, but I hope and think that the result of the closer association of the two branches of the profession has been of the greatest possible service to both.

It is only right that I should accentuate the fact that I have always been received—even when apparently in strong opposition—with courtesy and consideration, and I have been enabled, sometimes, possibly only to a minor degree, to modify policy by explaining the principles and methods which have actuated the Preventive Officer in his work.

Of course there are Hotspurs on both sides. There is the medical officer of health—but I think there are very few of them—who sees nothing but his official duty before him and fails to consider as fully as he should the rights of the general practitioner. On the other hand, I have met with one or two general practitioners who openly state that they distrust all suggestions made by the medical officer of health as being of necessity hostile to their personal interests. These cases on both sides are few and far between, and I believe without a doubt that a closer association of the two branches, such as has been brought about, is having a good and useful effect in re-establishing some degree of confidence, and in leading towards that happy state of affairs when everyone shall consider himself to be equally a servant of the public.

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#### RESIGNATION OF DR. J. MITCHELL WILSON (C.M.O. EAST RIDING).

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The County Council of the East Riding of Yorkshire at their last meeting received the resignation of the County Medical Officer, Dr. J. Mitchell Wilson, on account of ill-health. The resignation was accepted with regret, and Dr. Wilson was appointed Consulting Medical Officer at a salary of £250 per annum. It was also decided that no steps should be taken to fill the vacancy until the result of the application for the release from the Army of Dr. Thornley, the Deputy County Medical Officer, was known. The news of the ill-health of Dr. Mitchell Wilson will be received with great regret by the whole Public Health Service, of which he has been for so long a prominent and respected member.

#### MEDICAL RECONSTRUCTION AFTER THE WAR.

By M.O.H.

**A**FTER the war the Medical Service of the country will be more or less in the melting-pot, and it behoves us to give this matter our consideration from the public health point of view. In the past the public has been given little or no lead from the Public Health Service.

Is the aim to have a medical attendant for each family, and, if so, how is this to be provided? Has panel practice been a success? Should the system be extended to the wives and children, or are we likely to get efficient medical services more satisfactorily by some other system? Again, what is to be the relation of the family doctor to the tuberculosis dispensary, the school medical department, and the maternity and child welfare centre?

All these institutions do new work by searching out diseases, but they also carry out a good deal of treatment which was formerly done to a small extent by out-patient departments or by general practitioners. From the public health point of view, it is very necessary that these diseases should be "searched out" and, when found, receive proper treatment.

The reports of school medical officers show that a varying percentage of the ailments found get some treatment, but these returns give no idea as to whether such treatment is satisfactory. At the same time, it is notorious that many of the ailments found by the school medical department are not satisfactorily dealt with.

If the panel practice is to be extended to wives and children, it will be obviously unfair to saddle the rates and taxes with the expense of the treatment carried out by public services or institutions, and for the panel practitioners to be paid over again for what they have not themselves provided. Ought the medical staffs of these institutions on the other hand to confine themselves to searching out disease, carrying out special forms of treatment, and acting as consultants to the general practitioner.

Another matter which urgently requires attention is the reform of out-patient departments. Mothers who take their children to such places are frequently required to spend the whole day in the waiting-rooms, to the great detriment of their homes. Out-patient departments undoubtedly have to deal with